FORMATTING DATE: 10 Jan 2020 TRANSLATION DATE: 30 Sep 2019

## DEMOGRAPHIC AND HEALTH SURVEYS FISTULA MODULE MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY] [NAME OF ORGANIZATION]

IDENTIFICATION (1)							
PLACE NAME							
NAME OF HOUSEHOLD	HEAD						
CLUSTER NUMBER	CLUSTER NUMBER						
HOUSEHOLD NUMBER	HOUSEHOLD NUMBER						
NAME AND LINE NUMB	NAME AND LINE NUMBER OF WOMAN						
INTERVIEWER VISITS							
	1	2	3	FINAL '	VISIT		
DATE				DAY MONTH			
INTERVIEWER'S NAME RESULT*				YEAR INT. NO. RESULT*			
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS			
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER 3 POSTPONED 6 INCAPACITATED SPECIFY							
LANGUAGE OF QUESTIONNAIRE**	LANGUA INTERN		NATIVE LANGUAGE OF RESPONDENT**		NSLATOR 1, NO = 2)		
LANGUAGE OF QUESTIONNAIRE** ENGLISH  **LANGUAGE CODES:  01 ENGLISH  03 LANGUAGE 3  05 LANGUAGE 5  02 LANGUAGE 2  04 LANGUAGE 4  06 LANGUAGE 6							
SUPERV	ISOR	FIELD	DEDITOR	OFFICE EDITOR	KEYED BY		
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER		

<sup>(1)</sup> This section should be adapted for country-specific survey design.

## **FISTULA**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery or a severe injury.  Do you currently experience a constant leakage of urine or stool from your vagina during the day and night?	YES	<b>→</b> F4
F2	Have you ever experienced this problem?	YES	→ F4
F3	Have you ever heard of this problem?	YES	→ NEXT SECT.
F4	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY       1         AFTER HAD STILLBIRTH       2         NEITHER       3	→ F6
F5	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY	]→ F7
F6	What do you think caused this problem?	PELVIC SURGERY         1           SEXUAL ASSAULT         2           OTHER INJURY         3           OTHER         6           (SPECIFY)         8	→ F8
F7	How many days after (CAUSE OF PROBLEM FROM F4 OR F6) did the leakage start?  ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT	
F8	Have you sought treatment for this condition?	YES	→ F10
F9	Why have you not sought treatment?  PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED         A           DO NOT KNOW WHERE TO GO         B           TOO EXPENSIVE         C           TOO FAR         D           POOR QUALITY OF CARE         E           COULD NOT GET PERMISSION         F           EMBARRASSMENT         G           PROBLEM DISAPPEARED         H           OTHER         X           (SPECIFY)	NEXT SECT.
F10	From whom did you last seek treatment?	HEALTH PROFESSIONAL           DOCTOR         1           NURSE/MIDWIFE         2           OTHER PERSON           COMMUNITY/VILLAGE         3           HEALTH WORKER         3           OTHER         6           (SPECIFY)	
F11	Did you have an operation to fix the problem?	YES	
F12	Did the treatment stop the leakage completely?  IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	